

Community-Based Child Abuse and Prevention Program
 Grantee Monthly Report - For the Month of _____

Agency Name:	Phone:
Program Name:	E-mail:
Contact Name:	Address:
Contract No.	Address:
Counties Served:	

1.) What prevention service do you provide?

- ☐ Homelessness Prevention ☐ Child Abuse Prevention ☐ Respite

2.) How many new clients have you served this month? How many continuing (only one category required)

_____ ☐ Families _____ ☐ Children _____ ☐ Individuals (New)

_____ ☐ Families _____ ☐ Children _____ ☐ Individuals (Continuing)

3.) State the progress you have made toward each objective, the hours served and how your agency delivered the services to meet your expected outcomes.

Objective 1 -

Objective 2-

Objective 3 -

Objective 4 -

Objective 5 -

4).

Ethnicity and race

RACE:

Asian			
Black			
Hispanic			
Native American			
White			
Other			
Unknown			
Total			

Agency Signature

Date

Program Consultant Signature

Date

Approved _____

Denied _____